Customer No. 24113 Patterson, Thuente, Ska 4800 IDS Center 80 South 8th Street

Minneapolis, Minnesota 55402-2100

Telephone: (612) 349-5740 Facsimile: (612) 349-9266

Attorney Docket No. 2267.57

REQUEST FOR CONTINUED EXAMIN

(RCE) TRANSM

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 RECEIVED

DEC 0 3 2003

TECHNOLOGY CENTER R3700

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 10/005,188, filed December 4, 2001 for: WAFER CARRIER WITH STACKING ADPATOR PLATE, by: Phil Glynn and Fred W. Ludwig.

1. Submission required under 37 C.F.R. § 1.114									
a.	ר ן	Previously submitted							
		[] Please enter in the present application the unentered Amendment under							
	37 C.F.R. § 1.116, with any attachments, filed on in s								
			plication.	,	•	, <u>-</u>		-	
	[] Consider the arguments in the Appeal Brief or reply Brief previou						ziously		
			filed on						
		[] 🔾	Other						
b.	[X]	Enclosed							
Ů.	[]								
	Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.							vith the	
								L	
[] Affidavit(s)/Declaration(s) [] Information Disclosure Statement (IDS)									
				isclosure St	atement (ID)	5)			
	[] Other								
12/02/2003 AWDNDAF1 00000024 10005188									
2. [X] The filing fee is calculated below: 01 FC:1801 770.00 0P									
			02 FC:1201			172.00 OP			
	Claims	Highest	.	03-FC:	123 1		1 10.00-8P		
	Remaining	No.	Present	C11	Add'l		Y	Add'l	
	After Amendment	Previously Paid For	Extra (Equals)	Small Entity Rate	Fee	OR	Large Entity Rate	Fee	
Total	14	- [10]	=0	x 9	\$	OK .	x 18	\$	
Indep.	6	- [4]***	=2	x 43	\$		x 86	\$172.00	
RCE fee		- [7]		+ 385	\$		+ 770	\$770.00	
Mult. Dep.			=	+ 145	\$	-	+ 290	\$	
			.=	TOTAL	S	OR	TOTAL	\$942.00	

[] First Presentation of Multiple Dependent Claim [MDC]

If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

RCE of U.S. Application No. 10/005,188 Filed December 4, 2001

3. [X] A check in the amount of \$1,053.00 is enclosed (RCE fee of \$942.00 and extension fee of \$110.00) (The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed). The Commissioner is hereby authorized to grant any extensions of time and to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 16-0631.

Respectfully submitted,

Douglas J. Christensen Registration No. 35,480

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

CERTIFICATE OF MAILING

I hereby certify that this document is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450/Alexandria, VA 22313-1450 on

Date of Deposit

Douglas J. Christensen